

DOCUMENTATION CHECKLIST

For Health Insurance

Applicant Name _____ Application Date _____

Your enrollment cannot be completed until all checked items are received. Please return these items by _____.
If you need help getting any of these items, let us know.

PROOF OF IDENTITY/DATE OF BIRTH AND RESIDENCE: You must show ONE of the documents listed in both categories to see if you are eligible for health insurance. Discuss this with the person helping you with your application. Photocopies are acceptable.

☐ **IDENTITY/DATE OF BIRTH**
(not required for recertification)

- ☐ Drivers license/Official Photo identification
- ☐ Passport*
- ☐ Birth certificate*
- ☐ Baptismal/other religious certificate*
- ☐ Official School records
- ☐ Adoption records
- ☐ Official Hospital/doctor birth records*
- ☐ Naturalization certificate*
- ☐ Marriage records

* May also be used to document citizenship or immigration status.

☐ **RESIDENCY/HOME ADDRESS**

(this must match the home address in Section A, and the proof must be dated within 6 months of the application)

- ☐ ID card with address
- ☐ Postmarked envelope, postcard, or magazine label with name and date (cannot use if sent to a P.O. Box)
- ☐ Drivers license issued within past 6 months
- ☐ Utility bill (gas, electric, cable), or correspondence from a government agency which contains name and street address
- ☐ Letter/lease/rent receipt with home address from landlord
- ☐ Property tax records or mortgage statement

PROOF OF CURRENT INCOME: You must provide a letter, written statement, or copy of check or stubs, from the employer, person or agency providing the income. Submit all that apply. Provide the most recent proof of income before taxes. The proof must be dated, include the employees name and show gross income for the pay period.

☐ **Wages and Salary**

- ☐ Paycheck stubs
(4 consecutive weeks)
- ☐ Letter from employer on company letterhead, signed and dated
- ☐ Income tax return/W-2**
- ☐ Business records

☐ **Self-Employment**

- ☐ Signed and dated income tax return and all Schedules**
- ☐ Records of earnings and expenses

☐ **Unemployment Benefits**

- ☐ Award letter/certificate
- ☐ Benefit check
- ☐ Correspondence from NYS Dept. of Labor

Private Pensions/Annuities

- ☐ Statement from pension/annuity

☐ **Social Security**

- ☐ Award letter/certificate
- ☐ Benefit check
- ☐ Correspondence from Social Security Administration

☐ **Child Support/Alimony**

- ☐ Letter from person providing support
- ☐ Letter from court
- ☐ Child support/alimony check stub

☐ **Worker's Compensation**

- ☐ Award letter
- ☐ Check stub

☐ **Veteran's Benefits**

- ☐ Award letter
- ☐ Benefit check stub
- ☐ Correspondence from Veterans Administration

☐ **Military Pay**

- ☐ Award letter
- ☐ Check stub

☐ **Interest/Dividends/Royalties**

- ☐ Statement from bank, credit union or financial institution
- ☐ Letter from broker
- ☐ Letter from agent

☐ **Income from Rent or Room/Board**

- ☐ Letter from roomer, boarder, tenant
- ☐ Check stub

☐ **Support from Other Family Members**

- ☐ Signed statement or letter from family member

** W-2s or income tax returns for other than self-employed may be used for applications prior to April of the following year.
If later, you must include another form of documentation.

DOCUMENTATION CHECKLIST

For Health Insurance

DEPENDENT CARE COSTS:

- ☐ Written statement from day care center or other child/adult care provider
- ☐ Canceled checks or receipts

PROOF OF HEALTH INSURANCE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Insurance policy | <input type="checkbox"/> Certificate of Insurance | <input type="checkbox"/> Insurance card |
| <input type="checkbox"/> Termination Letter | <input type="checkbox"/> Medicare Card | <input type="checkbox"/> Other _____ |

IMMIGRATION STATUS: (not needed for pregnant women)

- ☐ INS form I-551 (Green Card)
- ☐ INS form I-94
- ☐ INS form I-220B
- ☐ INS I-210 letter
- ☐ INS form I-181
- ☐ Other INS documentation, or correspondence to or from the INS, that shows that the alien is PRUCOL; that is, the alien is living in the U.S. with the knowledge and permission or acquiescence of the INS, and the INS does not contemplate enforcing the alien's departure from the U.S.

FOR MEDICAID, CHILD HEALTH PLUS A AND FAMILY HEALTH PLUS ONLY

- | | |
|--|--|
| <input type="checkbox"/> Citizenship <ul style="list-style-type: none"><input type="checkbox"/> U.S. Birth Certificate<input type="checkbox"/> U.S. Baptismal record, recorded within 3 months of birth<input type="checkbox"/> U.S. Passport<input type="checkbox"/> Naturalization certificate<input type="checkbox"/> Official Hospital/doctor birth records | <input type="checkbox"/> Resources
<i>(persons age 19 and over, only if checked by interviewer)</i> <ul style="list-style-type: none"><input type="checkbox"/> Bank Statement<input type="checkbox"/> Life Insurance policy<input type="checkbox"/> Deed or Appraisal for Real Estate<input type="checkbox"/> Copies of stocks, bonds, securities<input type="checkbox"/> Motor Vehicles—Estimate from dealer, "blue book" value<input type="checkbox"/> Burial Agreement<input type="checkbox"/> Trust Fund |
|--|--|

PREGNANT WOMEN ONLY

- ☐
- Proof of Pregnancy**
- ☐ Presumptive Eligibility Screening Worksheet completed by qualified provider
 - ☐ Statement from medical professional with expected date of delivery
 - ☐ WIC Medical Referral Form

MEDICAID/CHILD HEALTH PLUS A ONLY

For determination of eligibility for medical expenses from the past three months:

- ☐ Proof of income for the month(s) in which the expense was incurred
- ☐ Proof of residency/home address for the month(s) in which the expense was incurred